

Instructions for Stability Review/Credit Report Application

__ If Applying for personal only

1. Complete top portion of application including
 - a. Social
 - b. Date of birth
 - c. Complete address
 - d. Payment information at bottom of application
2. Print sign & return or you can download the application, complete & digitally sign.

__ If Applying for Business Only

1. Complete bottom portion of application including
 - a. Complete business & *(d/b/a fictitious trade name filed if applicable)*
 - b. All information for officers as listed with the Depart of Corporations (Corp Title, Social & % of ownership)
 - c. Payment information at bottom of application
2. Print sign & return or you can download the application, complete & digitally sign.

__ If applying for both Personal & Business

1. Complete both top & bottom portion of application including
 - a. Social, date of birth & complete address for license holder/applicant,
 - b. Complete business name - *(d/b/a fictitious trade name filed if applicable)*
 - c. All information for officers as listed with the Depart of Corporations (Corp Title, Social & % of ownership)
 - d. Payment information at bottom of application.
2. Print sign & return or you can download the application, complete & digitally sign.

Return application to our office via email to info@activatemylicense.com or via fax to 813-932-3782. All applications are processed in the order received and should be processed in 24 business hours from the time of receipt. Reports will be returned to you via email provided with a password protected file OR mailed back to the address provided.

Note: d/b/a (aka) fictitious trade name is a business name filing other than your Corporation/LLC name. If you do not have a D/B/A leave the D/B/A section blank.

Personal & Business
FINANCIAL STABILITY REVIEW
 Includes Federal, State and County Public Records Check

It is your responsibility to ensure that your credit is unlocked. Additional charges will apply if credit is locked.

Name of Contractor _____ Email Address: _____

WHO FOR:	HOW WOULD YOU LIKE TO RECEIVE REPORTS FOR DBPR?
<input type="checkbox"/> D.B.P.R. Construction Board <input type="checkbox"/> D.B.P.R. Electrical Board <input type="checkbox"/> County or City _____ <i>(Sent Directly To)</i>	<input type="checkbox"/> Password Protected Email (last 4 of ss# for Personal / last 4 FEIN for Business) <small>This option not available for county/city</small> OR <input type="checkbox"/> Mail Back for Package <i>(Mail report(s) to: Home OR Business)</i>

< Please check if applying for PERSONAL

Name _____ Birth Date _____ SSN _____
 Address _____ City _____ ST _____ Zip _____
 Home Phone _____ Work Phone _____ Email _____
 Previous Address (if less than 2 years) _____ City _____ ST _____ Zip _____
 Have you ever had a Bankruptcy, Judgment(s) or Lien(s) filed against you? Yes No
 Date _____ County _____

If so please fax copy of release of bankruptcy, judgments, or lien to be included in your sealed credit report.
 I authorize Contractors Reporting Service Inc. to conduct credit report according to the guidelines of the Fair Credit Reporting Act. I understand Contractors Reporting Service Inc. is not responsible for information contained in, and is unable to change any information in credit report.

Applicant Signature X _____ Date _____

< Please check if applying for BUSINESS

Business Name _____
 DBA _____
 Address _____ City _____ ST _____ Zip _____
 County _____ FEIN _____ Phone _____ Fax _____

TITLE	NAMES OF OFFICERS	S.S. NUMBER	CITY / STATE / ZIP	% OWNER

Has business entity ever had a Bankruptcy, Judgment(s) or Lien(s)? Yes No If yes, please fax copy of release with application to be included in report.

New business less than one year old / No business conducted under this name.
Applicant Signature X _____ Date _____

<input type="checkbox"/> Personal Review \$49 <input type="checkbox"/> Business Review \$79 <input type="checkbox"/> Combined Review \$99 <small>(Personal & Florida Business)</small> <input type="checkbox"/> Business Outside FL \$125 <input type="checkbox"/> Overnight (Current UPS Rates Apply)	Type Of Card <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> Amex	Credit Card No. _____ Exp. Date _____ V Code _____ Billing Address _____ Of Credit Card _____ Signature of Card Holder: _____
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